

**ANNUAL REPORT**  
**FOR**  
**ADULT CARE AND NURSING HOME COMMUNITY ADVISORY COMMITTEES**

COUNTY \_\_\_\_\_

REPORTING YEAR \_\_\_\_\_

COMMITTEE \_\_\_\_\_

CHAIRPERSON \_\_\_\_\_

1. Were all the homes in the county served by the committee? \_\_\_\_\_  
If not, why? \_\_\_\_\_

\_\_\_\_\_

2. Describe educational efforts by the committee. \_\_\_\_\_

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\_\_\_\_\_

3. Describe community involvement by the committee. \_\_\_\_\_

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\_\_\_\_\_

4. Describe problems encountered by the committee. \_\_\_\_\_

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5. Was the committee involved in grievance resolution during the year? \_\_\_\_\_

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6. Summarize the strengths and weaknesses of the facilities in the county.

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7. Other comments:

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THE REGIONAL OMBUDSMAN WILL DISTRIBUTE THIS REPORT TO THE COUNTY COMMISSIONERS, THE COUNTY DEPARTMENT OF SOCIAL SERVICES, AND THE DIVISION OF AGING.

Prepared by: \_\_\_\_\_ Date prepared: \_\_\_\_\_